

Delaware County Workforce Development Board  
Invoice Summary

Invoice Date: \_\_\_\_\_ PO#: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Participants Name : \_\_\_\_\_ Participant ID: \_\_\_\_\_

Tuition	\$	_____
Fees	\$	_____
Books	\$	_____
Other	\$	_____
Sub Total:	\$	_____
Less Aid	\$	_____

Total Amount Payable to Provider: \$

Print Name \_\_\_\_\_

Authorized \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Workforce Development Board Use Only

Approved by Budget Technician : \_\_\_\_\_

Approved by Executive Director : \_\_\_\_\_

Funding Stream: \_\_\_\_\_

09/15/2016 djt